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## **FORMS**

***PLEASE SUBMIT THE COMPLETED FORMS TO:***

***NHSC LRP C/O FOCAL POINT CONSULTING GROUP  
1025 VERMONT AVENUE NW, SUITE 1000  
WASHINGTON, D.C. 20005***

**Public Burden Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

## THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM APPLICATION CHECKLIST

Application and banking information submitted electronically and printing "BCRSIS Receipt of Submission" by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which the individual is applying.

Signed copy of electronic application and "BCRSIS Receipt of Submission" and supporting documents by the cycle submission deadline in which you are applying (postmark date).

You must initial each item on this **Checklist**, and sign and date the Checklist below. Your signature indicates that you have read this *Bulletin* and that you understand all items required by the application. **Return the Checklist with your application. Keep a copy of the application package for your records, and submit the original. No application materials will be returned to applicants.**

- \_\_\_\_\_ 1. Completed **online application** for National Health Service Corps (NHSC) Loan Repayment Program (LRP).
- \_\_\_\_\_ 2. Copy of **completed and signed online application**.
- \_\_\_\_\_ 3. Completed **Loan Information and Verification Forms** for each loan for which you are seeking repayment assistance from the NHSC LRP. The date on this form should be within 1 week of the application postmark date.
- \_\_\_\_\_ 4. Copies of your **original loan applications, promissory notes, disclosure statements, and statements from current holder indicating your name, amount borrowed, date of original disbursement, and type of loans**.
- \_\_\_\_\_ 5. Copy of **complete loan payment history of previous awarded funds** (*applicable to past NHSC LRP award recipients*.)
- \_\_\_\_\_ 6. Copies of **current account statement** showing your loan balance for each loan submitted.
- \_\_\_\_\_ 7. Copy of completed "BCRSIS Receipt of Submission." Go to [HTTPS://NIS.HRSA.GOV/BANKLOGIN.ASPX](https://nis.hrsa.gov/banklogin.aspx) and complete all the requested payment information. Upon completion, print out the "BCRSIS Receipt of Submission" and submit this form with the rest of your hard copy documentation.
 

If you are unable to print a copy of the "BCRSIS Receipt of Submission", please complete the following two steps:

  - 1) Contact the HRSA Call Center to log a help-ticket toll-free at 1-800-221-9393, (TTY: 1-877-897-9910), Monday-Friday (except Federal holidays) 9:00 a.m. to 5:30 p.m. E.T.
  - 2) Complete the **Banking Update Form** (by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which you are applying), which may be found at <http://www.fms.treas.gov/efit/1199a.pdf>. The completed form must be received or postmarked by the application deadline date in which you are applying. Please submit the completed form to: Division of Applications and Awards, NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.
- \_\_\_\_\_ 8. \*Completed NHSC LRP **Community Site Information Form**.
- \_\_\_\_\_ 9. \*Completed **Authorization to Release Information Form**.
- \_\_\_\_\_ 10. \*Completed **Privacy Act Release Authorization Form** (if applicable).
- \_\_\_\_\_ 11. \*Completed **Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form**.
- \_\_\_\_\_ 12. \*Signed and dated **NHSC Loan Repayment Program Contract**.
- \_\_\_\_\_ 13. Copy of your health professional **degree or certificate (or evidence that you have completed degree requirements)**.
- \_\_\_\_\_ 14. \*Copy of your **current license and certification in the State where you intend to practice showing the expiration date**.)
- \_\_\_\_\_ 15. \*Two **Letters of Reference** (Four (4), if working in your present position for less than 1 year or unemployed).
- \_\_\_\_\_ 16. Proof of **U.S. citizenship**.
- \_\_\_\_\_ 17. Signed and dated **Biographical Statement**.

- \_\_\_\_\_ 18. Copy of your **specialty board certification or residency completion certificate** (applicable to physicians and dentists.)
- \_\_\_\_\_ 19. Copy of your **national certification** (applicable to PAs, NPs, NMs, LPCs and some PNSs), or professional association membership (applicable to some MFTs).
- \_\_\_\_\_ 20. Copy of your **national board/licensing examination results** (applicable to SWs, HSPs, and DHs).
- \_\_\_\_\_ 21. Copy of your current **curriculum vitae (CV)/resume**. The CV/resume must account for all periods of time following graduation from the qualifying health professional program.
- \_\_\_\_\_ 22. Letter, on business letterhead, from entity to which **existing service obligation is owed** (if applicable) indicating the date the service obligation will be completed.
- \_\_\_\_\_ 23. Documentation of status as a member of a **Reserve Component of the Armed Forces** (*applicable to applicants who are reservists*).
- \_\_\_\_\_ 24. Proof of **disadvantaged background** from school official (where applicable).
- \_\_\_\_\_ 25. Proof of **exceptional financial need** (EFN) scholarship from a school official (MDs, DOs, and dentists, where applicable).
- \_\_\_\_\_ 26. I know the current health professional shortage area (HPSA) score for the community site in which I am interested. I understand a funding preference will be given first to applicants with a Disadvantaged Background/EFN status, All eligible applications with Health Profession Shortage Area (HPSA) scores ranging from the highest HPSA to a HPSA of zero (0) will be funded each cycle until funds are exhausted. Therefore applicants are encouraged to apply early.
- \_\_\_\_\_ 27. I have read this entire *Bulletin* and understand that it is my responsibility to submit a complete application. I understand what items must be submitted (either electronically or by postmark date). If my application is incomplete, I understand that I may not be considered for a NHSC LRP contract award.
- \_\_\_\_\_ 28. I understand that an NHSC LRP contract award cannot be part of my employment contract. **Community sites do not have any authority to guarantee an NHSC LRP contract award.**
- \_\_\_\_\_ 29. I understand that the NHSC LRP contract is not in effect until it is countersigned by the Secretary or his/her Designee. I also understand that any practice at the NHSC community site before the contract takes effect is not eligible for NHSC loan repayments and will not count towards my NHSC service commitment.
- \_\_\_\_\_ 30. \*Initialed, signed, and dated **Checklist**.

**I have read and understand the items on this Checklist. I certify that the information submitted in this application package is true, complete, and accurate to the best of my knowledge and belief and does not omit any material fact. I understand that the information given may be investigated and that any known and willful false representation, or concealment, of a material fact is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for the return of all awarded funds and, further, that any such false statement or concealment may be punished as a felony under 18 U.S. C. 1101 and subject me to civil penalties under the Program Fraud Civil Penalties Act of 1986.**

\_\_\_\_\_  
**Applicant Name (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

(Revised 05/09 - DAA, BCRS, HRSA, DHHS)

P.

## NHSC LOAN REPAYMENT PROGRAM COMMUNITY SITE INFORMATION FORM

If applicant works at more than one site, a separate Community Site Information Form must be completed for each site.

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPLICANT'S DISCIPLINE/SPECIALTY: \_\_\_\_\_

SITE NAME: \_\_\_\_\_

SITE MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SITE PHYSICAL ADDRESS, IF DIFFERENT FROM MAILING ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SITE CONTACT PERSON: \_\_\_\_\_

SITE CONTACT EMAIL ADDRESS: \_\_\_\_\_

SITE PHONE NUMBER: \_\_\_\_\_ FAX Number: \_\_\_\_\_

UDS NUMBER: \_\_\_\_\_

HPSA I.D. NUMBER: \_\_\_\_\_ HPSA SCORE: \_\_\_\_\_

I certify that I have successfully completed negotiations for employment with the above-named site.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date Signed*

### TO BE COMPLETED BY THE COMMUNITY SITE OFFICIAL ONLY:

Is the above clinician an employee subject to the personnel system and employment policies of the above named site organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the clinician receive a salary and benefits from the above named site? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the above named site provide the clinician with malpractice and tail coverage or is the clinician covered under the Federal Tort Claims Act? Yes \_\_\_\_\_ No \_\_\_\_\_

If any of the 3 questions above is answered 'no' then the clinician will need to complete the PPO application on the website at <http://nhsc.hrsa.gov/loanrepayment/practiceassignments.htm>

I certify that the above-named site has successfully completed negotiations for employment with the above-named applicant.

\_\_\_\_\_  
*Executive Director Signature*

\_\_\_\_\_  
*Print Name*

"Successfully completed negotiations for employment" means 1) the applicant has received a written signed job offer from the site which the applicant has accepted in writing or 2) the applicant and the site have entered into (signed) an employment contract.

## INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM

Please complete a Loan Information and Verification Form for each loan you wish the NHSC LRP to consider for repayment. This form authorizes your lender to release information about your loan to the NHSC LRP. These forms must be enclosed with your application.

You are required to send in documents verifying your loans. This includes a copy of the original loan applications, a copy of the promissory notes, disclosure statements, and statements from the current holder, indicating the borrower's name, original amount borrowed, date of original disbursements, and the type of loan.

In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of NHSC application submission. Loans without the required loan documents will be ineligible.

Do not send the Loan Information and Verification Form to your lender. The NHSC LRP will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.

***LOAN CONSOLIDATION:*** If you have consolidated your educational loans you may fill out one loan form for the consolidation, but you must list the original date and amount of each educational loan in item 9 and 10. The total amount of the consolidated loan should be entered in item 11. If there is not enough room in items 9 and 10, you may attach a separate sheet of paper with this information to the loan form. This list should include the original disbursement date, the amount, and the loan type.

NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition;
- b. other reasonable educational expenses (see [Definitions, Section B](#)); and
- c. reasonable living expenses (see [Definitions, Section B](#))

The tuition and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education prior to obtaining a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

**If an eligible educational loan is consolidated or refinanced with any debt other than another eligible education loan of the applicant, NO portion of the consolidated/refinanced loan will be eligible for loan repayment.**

**Public Burden Statement**

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**LOAN INFORMATION AND VERIFICATION FORM****DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BUREAU OF CLINICIAN RECRUITMENT AND SERVICE (BCRS)

DIVISION OF APPLICATIONS AND AWARDS

**NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM****INSTRUCTIONS:**

**APPLICANT:** Complete one copy of this form for each loan you are applying to have considered for repayment under the NHSC Loan Repayment Program. To each form, attach a copy of the original loan application, promissory notes, disclosure statements, and statements from the current holder indicating your name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of NHSC application. Please print clearly and complete the entire form to expedite verification. *Please note that incomplete information will render your loan ineligible.*

1. Applicant's Name (Last, First, Middle)	2. Applicant's Social Security No.	
3. Applicant's Complete Address	4. Applicant's Telephone No.	
5. Name of Lending Institution	5.a. Lender's Telephone No.	6. Loan Account No.
7. Full Address of Lending Institution		
8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary loan holder's name and full address.		
<div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>		
9. Original Date of the Loan _____	10. Original Amount of the Loan _____	
11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____		11b. Interest Rate _____
12. Purpose of the Loan as Indicated on the Loan Application: _____		
13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____		
14. Loan in Default? Yes      No      Date of Default: _____		
15. Loan Under a Federal Court Judgment? Yes      No      Date of the Judgment: _____		

**FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS** - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. Please read page 25 of the Bulletin under bullet number 3 – [Consolidated/Refinanced Loans](#) for more detail.

**WARNING** - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

**CERTIFICATION BY APPLICANT** - I hereby certify to the accuracy of the above information and further certify that the above-identified loan was incurred solely for the costs of undergraduate or graduate education pursued prior to my receipt of the degree in the health profession in which I would satisfy my NHSC LRP service commitment.

**AUTHORIZATION FOR DISCLOSURE:** Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 5 or 8 above to release financial records relating to the educational loan(s) identified above to the HHS and/or its contractors for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NHSC Loan Repayment Program. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**\_\_\_\_\_  
**DATE**

## **STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978**

Federal law protects the privacy of your financial records. Before banks, savings and loans associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a Federal Agency, certain procedures must be followed.

### **Consent to Disclosure**

You may be asked to consent to a financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any authorization you provide is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

### **Disclosure without Your Consent**

Without your consent, a Federal Agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, search warrant, or formal written request for that purpose.

Generally the Federal Agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal Agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a Federal Agency request.

### **Exceptions**

In some circumstances, a Federal Agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal Agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will be notified that your records were obtained.

### **Transfer of Information**

Generally, a Federal Agency which obtains your financial records is prohibited from transferring them to another Federal Agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another Agency.

### **Penalties**

If a Federal Agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

### **Additional Information**

**If you have any question about your rights under this law or how to consent to the release of your financial records, you may contact: NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.**

## Authorization to Release Information Form

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***(Print Name – First, Middle, Last)***

As a National Health Service Corps (NHSC) Loan Repayment Program (LRP) applicant, I, hereby authorize:

1. The Department of Health and Human Services (HHS), and/or its contractors, to release the following information to a consumer reporting agency (credit bureau) to obtain a credit report to assess my eligibility, creditworthiness and suitability to participate in the NHSC LRP and to verify my educational loans: my name, address(es), social security number, and other information necessary to identify me.
2. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to obtain loan payoff balances, to determine my eligibility/qualifications to participate in the NHSC LRP, and to determine the eligibility of my educational loans for repayment under the NHSC LRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
3. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties System List.
4. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of obtaining the National Health Practitioner Data Bank and Healthcare Integrity Protection Data Bank Reports to determine my eligibility requirement of satisfactory professional competence and conduct.
5. Any program to which I owe a service obligation to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NHSC Loan Repayment Program, this authorization shall remain in effect until the date my NHSC Loan Repayment Program obligation, including any extension of the obligation pursuant to contract extensions and amendments, has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NHSC Loan Repayment Program, this authorization shall remain in effect until **September 30, 2010**.

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***(Signature of Applicant)***

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***(Date)***

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***(Please Print Name)***

**CONTRACT**

***PLEASE SUBMIT THE COMPLETED FORMS TO:***

***NHSC LRP C/O FOCAL POINT CONSULTING GROUP  
1025 VERMONT AVENUE NW, SUITE 1000  
WASHINGTON, D.C. 20005***

**NATIONAL HEALTH SERVICE CORPS  
LOAN REPAYMENT PROGRAM  
AMERICAN RECOVERY AND REINVESTMENT  
ACT CONTRACT**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION  
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE  
DIVISION OF APPLICATIONS AND AWARDS**

Section 338B of the Public Health Service Act ("Act") authorizes the Secretary of Health and Human Services ("Secretary") to repay the graduate and/or undergraduate educational loans of applicants selected to be participants in the National Health Service Corps Loan Repayment Program ("Loan Repayment Program"). In return for these loan repayments, applicants must agree to provide primary health services in a manner determined by the Secretary for a period of obligated service in a Health Professional Shortage Area ("HPSA") designated by the Secretary pursuant to section 332 of the Act. An applicant becomes a participant in the Loan Repayment Program only if this contract is signed by the applicant and by the Secretary's designee.

The terms and conditions of participating in the Loan Repayment Program are set forth below.

**Section A—Obligations of the Secretary**

Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the National Health Service Corps (NHSC), the Secretary agrees to:

1. Pay, in the amount provided in paragraph 2 of this section, the undersigned applicant's qualifying graduate and/or undergraduate educational loans for actual costs paid for:
  - a. tuition expenses;
  - b. all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the applicant; or
  - c. reasonable living expenses as determined by the Secretary.
 Qualifying graduate and/or undergraduate educational loans consist of the principal, interest, and related expenses of the government and commercial loans received by the applicant for the above-listed expenses incurred prior to obtaining a degree in the health profession in which the applicant will serve his or her period of obligated service.
2. Pay \$50,000 for two years of service except that, if the applicant's total outstanding balance of qualifying educational loans is less than \$50,000, the Secretary will pay the outstanding loan balance for two years of service.
3. Accept the applicant into the NHSC or release the applicant, pursuant to section 338D of the Act, to enter into full-time private clinical practice of the applicant's health profession in a HPSA selected by the Secretary.
4. Make loan repayments for a year of obligated service no later than the end of the fiscal year in which the applicant completes such year of service.

**Section B—Obligations of the Applicant**

1. The applicant agrees to:
  - a. Accept loan repayments from the Secretary and apply those loan repayments, within 30 days, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.
  - b. Serve his or her period of obligated service by providing primary health services, as determined by the Secretary:
    - i. in the full-time clinical practice (as defined in paragraph iii below) of his or her health profession in the HPSA (designated under section 332 of the Act) to which the applicant is assigned by the Secretary as a member of the NHSC, either as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service, as a civilian employee of the United States, or as an individual who is not an employee of the United States; or
    - ii. in the full-time private clinical practice (as defined in paragraph iii below) of his or her health profession pursuant to a Private Practice Option Agreement under section 338D of the Act in a HPSA (designated under 332 of the Act) selected by the Secretary.
    - iii. A full-time clinical practice is defined as a minimum of 40 hours per week. For all health professionals except as noted below, at least 32 of the minimum 40 hours per week must be spent providing direct outpatient care in the outpatient ambulatory care setting at the approved practice site, during normally scheduled office hours. For an OB/GYN, FP/OB, geriatric physician or CMN practitioner, at least 21 of the minimum 40 hours per week must be spent providing direct outpatient care in the outpatient ambulatory care setting at the approved practice site, during normally scheduled office hours. The remaining hours (19 for OB/GYNs, FP/OBs and CNMs, 8 for all others) must be spent providing care for patients in alternative settings such as hospitals and or in practice related administrative activities. For behavioral

and mental health practitioners, at least 21 hours per week must be spent providing direct patient counseling in the ambulatory outpatient care setting of the approved practice site, during normally scheduled office hours. The remaining 19 hours must be spent providing clinical services in alternative settings, or performing practice-related administrative activities.

For all practitioners, practice-related administrative activities shall not exceed 8 hours per week. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent "on-call" will not count toward the 40-hour week. No more than 7 weeks (35 workdays) per service year can be spent away from the practice for holidays, vacation, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a service year will extend the service obligation end date.

- c. Serve in accordance with paragraph b. of this section for two (2) years. Contract extension for additional years may be available under the terms and conditions specified in Section E of the Contract.
- d. Comply with the provisions of Title 42, Code of Federal Regulations, Part 62, and Subpart B.
- e. Comply with Title 2, CFR, Part 180, Subpart C (2006), as supplemented by Subpart C of Title 2, CFR Part 376 (2007)

**Section C—Breach of Written Loan Repayment Contract**

1. If the applicant, for any reason, fails to complete the 2-year period of obligated service, he or she shall be liable to the United States for an amount equal to the sum of:
  - a. the total of the amounts paid by the United States to, or on behalf of, the applicant under Paragraph 2 of Section A of this Contract for any period of obligated service not served;
  - b. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
  - c. interest on the amounts described in (a) and (b) of this paragraph at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach; except that the amount the United States is entitled to recover shall not be less than \$31,000.
2. Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary determines that the applicant is in breach of this written Contract.

**Section D—Cancellation, Suspension, and Waiver of Obligation**

1. Any service or payment obligation incurred by the applicant under this Contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this Contract if the applicant's compliance with the terms and conditions of this Contract is:
  - a. impossible or
  - b. would involve extreme hardship and enforcement would be unconscionable.

**Section E—Contract Amendment**

1. The applicant may, in accordance with procedures established by the Secretary, request an extension of this Contract.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the NHSC, the Secretary may approve a request for Contract extension in accordance with the Secretary's established policies in effect at the time of the extension.
3. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

**Section F—Contract Termination**

1. The Secretary may terminate this Contract if, on or before August 17, the applicant:
  - a. submits a written request to terminate this Contract and
  - b. repays all amounts paid to, or on behalf of, the applicant under Paragraph 2 of Section A of this Contract
 This contract becomes effective on the service obligation start date once countersigned by the Secretary or his/her designee

<b>Applicant Name (please print):</b>	
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Secretary of Health and Human Services or Designee:</b>	<b>Date:</b>
<b>NHSC Loan Repayment Program Service Obligation Start Date:</b>	
<b>TO BE COMPLETED BY NHSC LRP PERSONNEL ONLY</b>	
HRS-860 (Revised 5/09 - DHHS, HRSA, BCBS, DAA)	

## V.

### **Instructions for Submitting Loan Documentation to the NHSC LRP**

1. **Gathering.** It's important to gather all of your financial information/documents for each loan you would like to be considered for repayment. If you have consolidated your loans, you must gather the financial information/documents for the loans that were consolidated (that make up the consolidation). Examples include but are not limited to: promissory notes, account statements, disclosure statements, disbursement statements and an Aid Summary report from the NSLDS web site (***examples of each are below***).
2. **Sorting.** Sort through all of your documents so that you have only the necessary documents for each loan you plan to submit to NHSC for loan repayment consideration. ***Each loan must have a completed Loan Information and Verification (LIV) Form.*** Do not leave any questions blank, unanswered or use terms such as N/A, "see attached", or "as indicated in documents". The submissions must have the following:
  - a. **Federal Loans.**
    - i. A complete LIV Form
    - ii. The promissory note/master promissory note or disclosure statement,
    - iii. A disbursement report showing the original disbursement dates, the type of loan, and the loan amounts. If you do not have this information you can submit an "Aid Summary" report downloaded from The National Student Loan Data System (NSLDS) web site (<http://www.nsls.ed.gov>) which shows a complete list of the federal loans you have. You will need to obtain a PIN (<http://www.pin.ed.gov>) if you don't already have one in order to log into your secured area on the website
    - iv. The most recent account statement which should reflect your current balance
  - b. **Federal Consolidated Loans.**
    - i. A complete LIV Form
    - ii. The consolidation promissory note or consolidation disclosure statement.
    - iii. A disbursement report ***for each loan in the consolidation*** showing the original disbursement date, the type of loan, and the loan amount. If you do not have this information you can submit an "Aid Summary" report downloaded from The National Student Loan Data System (NSLDS) Web site (<http://www.nsls.ed.gov>) which shows a complete list of the federal loans you have. You will need to obtain a PIN (<http://www.pin.ed.gov>) if you don't already have one in order to log into your secured area on the website.
    - iv. The most recent account statement which should reflect your current balance
  - c. **Private Loans**
    - i. A complete LIV Form
    - ii. The promissory note/master promissory note, disclosure statement, or loan application (for some private loans the application may also be the promissory note)
    - iii. A disbursement report showing the original disbursement dates, the type of loan, and the loan amounts.
    - iv. The most recent account statement which should reflect your current balance
  - d. **Private Consolidated Loans**
    - i. A complete LIV Form
    - ii. The private consolidation promissory note or private consolidation disclosure statement
    - iii. Original promissory notes or disclosures statements ***for each loan included in the consolidation.***
    - iv. A disbursement report for each loan in the consolidation showing the original disbursement date, the type of loan, and the loan amount

What NHSC LRP is looking for in the following documents?

**Promissory note**

It should contain the following information:

- The lending institution
- Borrower's name
- Amount
- Date
- Signature
- Note stating the promise to pay

***\* If your promissory note doesn't have the amount on it, please provide a disclosure statement.***

**Disclosure statement**

It should contain the following information:

- Amount
- Date
- Disbursement date
- Interest rate
- Terms and conditions of repayment

**Current account statement**

It should contain the following information:

- Most recent account statement
- Shows interest rate
- Current balance

**Grouped vs. Consolidated**

A grouped loan is not a consolidation. You may make one payment and still have several loans. If this is the case then you have a "grouped" loan. ***If you have a grouped loan you must provide a LIV Form for each loan contained in the group.*** A consolidation is where all of the loans that make up the consolidation have been paid off and you are left with one loan and one payment.

**W.**

## **EXAMPLES OF LOAN DOCUMENTATION FORMS**

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**FEDERAL PERKINS LOAN MASTER PROMISSORY NOTE**

OMB No. 1845-0074 Form Approved Expiration Date 06/30/2009

**Section A: Borrower Section**

1. Name (last, first, middle initial) and Permanent Address (street, city, state, zip code)	2. Social Security Number
	3. Date of Birth (mm/dd/yyyy)
	4. Home Area Code/Telephone Number
	5. Driver's License Number (List state abbreviation first)

**Section B: School Section**

6. School Name & Address (street, city, state, zip code)	7. Annual Interest Rate 5%
--	-------------------------------

[Any bracketed clause or paragraph may be included at option of institution]

**Terms and Conditions: (Note: Additional Terms and Conditions follow on subsequent pages)**

**APPLICABLE LAW** - The terms of this Federal Perkins Loan Master Promissory Note (hereinafter called the Note) and any disbursements made under this Note shall be interpreted in accordance with Part E of Title IV of the Higher Education Act of 1965, as amended (hereinafter called the Act), as well as Federal regulations issued under the Act. All sums advanced under this Note are subject to the Act and Federal regulations issued under the Act.

**REPAYMENT** - I am obligated to repay the principal and the interest that accrues on my loan(s) to the above-named institution (hereinafter called the School) over a period beginning 9 months (or sooner if I am a Less-Than-Half-Time Borrower) after the date I cease to be at least a half-time student at an institution of higher education or a comparable School outside the United States approved by the United States Department of Education (hereinafter called the Department) and ending 10 years later, unless I request in writing that my repayment period begin sooner. I understand that the School will report the amount of my installment payments, along with the amount of this loan to at least one national credit bureau. Interest on this loan shall accrue from the beginning of the repayment period. My repayment period may be shorter than 10 years if I am required by my School to make minimum monthly payments. My repayment period may be extended during periods of deferment, hardship, or forbearance and I may make graduated installments in accordance with a schedule approved by the Department. I will make my installment payments in equal monthly, bi-monthly, or quarterly payments as determined by the School. The School will round my installment payment to the next highest whole dollar. I will make a minimum monthly repayment of \$40 (or \$30 if I have obtained a Federal Perkins Loan before October 1, 1992 that includes the \$30 minimum payment option or outstanding National Direct Student Loans) in accordance with the Minimum Monthly Payment section of the Terms and Conditions contained on the reverse side of this document.

**LATE CHARGES** - The School may impose late charges if I do not make a scheduled payment when due or if I fail to submit to the School, on or before the due date of the payment, a properly documented request for any of the forbearance, deferment, or cancellation benefits as described below. No late charges may exceed 20 percent of my monthly, bi-monthly, or quarterly payment. The School may add the late charges to principal the day after the scheduled payment was due or to the next month's scheduled payment after I have received notice of the charge, and such notice is sent before the next installment is due.

**FORBEARANCE, DEFERMENT, OR CANCELLATION** - I may apply for a forbearance, deferment, or cancellation on my loan. During an approved forbearance period, payments of principal and interest, or principal only, may be postponed or reduced. Interest continues to accrue while my loan is in forbearance. During an approved deferment period, I am not required to make scheduled installment payments on my loan. I am not liable for any interest that might otherwise accrue while my loan is in deferment. If I meet the eligibility requirements for a cancellation of my loan, the institution may cancel up to 100 percent of the outstanding principal loan amount. Information on eligibility and application requirements for forbearances, deferments, and cancellations is provided on pages 2 and 3 of this Note. I am responsible for submitting the appropriate requests on time, and I may lose my benefits if I fail to file my request on time.

**DEFAULT** - The School may, at its option, declare my loan to be in default if (1) I fail to make a scheduled payment when due; (2) I fail to submit to the School, on or before the due date of a scheduled payment, documentation that I qualify for a forbearance, deferment, or cancellation; or (3) I fail to comply with the terms and conditions of this Note or written repayment agreement. The School may assign a defaulted loan to the Department for collection. I will be ineligible for any further federal student financial assistance authorized under the Act until I make arrangements that are satisfactory to the School or the Department to repay my loan. The School or the Department shall disclose to credit bureau organizations that I have defaulted and all other relevant loan information. I will lose my right to defer payments and my right to forbearance if I default on my loan. The School or the Department may accelerate my defaulted loan. Acceleration means that the School or the Department demands immediate payment of the entire unpaid balance of the loan, including principal, interest, late charges, and collection costs. I will lose my right to receive cancellation benefits for service that is performed after the date the School or the Department accelerated the loan.

**CHANGE OF STATUS** - I will inform the School of any change in my name, address, telephone number, Social Security Number, or driver's license number.

**PROMISE TO PAY** - I promise to pay the School, or a subsequent holder of the Note, all sums disbursed under the terms of this Note, plus interest and other fees which may become due as provided in this Note. I understand that multiple loans may be made to me under this Note. I understand that by accepting any disbursements issued at any time under this Note, I agree to repay the loans. I understand that each loan is separately enforceable based on a true and exact copy of this Note. I understand that I may cancel or reduce the amount of any loan by not accepting or by returning all or a portion of any disbursement that is issued. If I do not make any payment on any loan under this Note when it is due, I promise to pay all reasonable collection costs, including attorney fees, court costs, and other fees. I will not sign this Note before reading the entire Note, even if I am told that I am not required to read it. I am entitled to an exact copy of this Note. This loan has been made to me without security or endorsement. My signature certifies I have read, understood, and agree to the terms and conditions of this Note.

**I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MASTER PROMISSORY NOTE AND THAT I MUST REPAY SUCH LOANS.**

Borrower's Signature

Date

**EXAMPLE OF MASTER PROMISSORY NOTE**



START HERE  
GO FURTHER  
FEDERAL STUDENT AID

# National Student Loan Data System (NSLDS) for Students

NSLDS is a repository of information from many sources. Changes to the data are made by those sources. Collecting the data into one central location such as NSLDS gives you convenience and saves you time. If for any reason you disagree with the information reported to NSLDS, please contact one or more of the sources of your data listed on the detail pages on this site. The Department is also available as a resource at 1-800-4FEDAID if you need additional assistance. Your comments and corrections will help improve the services NSLDS provides.

Aid Summary for

Your enrollment status is

Loans							
	Type of Loan	Loan Amount	Loan Date	Disbursed Amount	Canceled Amount	Outstanding Principal	Outstanding Interest
1	FFEL CONSOLIDATED	\$70,800	10/16/2005	\$70,800	\$0	\$72,658	\$0
2	FFEL CONSOLIDATED	\$51,512	10/16/2005	\$51,512	\$0	\$53,282	\$0
3	DIRECT STAFFORD UNSUBSIDIZED	\$9,240	09/04/2004	\$9,240	\$0	\$0	\$0
4	DIRECT STAFFORD SUBSIDIZED	\$8,500	09/04/2004	\$8,500	\$0	\$0	\$0
5	DIRECT STAFFORD UNSUBSIDIZED	\$5,415	09/09/2003	\$5,415	\$0	\$0	\$0
6	DIRECT STAFFORD SUBSIDIZED	\$8,500	09/04/2003	\$8,500	\$0	\$0	\$0
7	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/04/2002	\$10,000	\$0	\$0	\$0
8	DIRECT STAFFORD SUBSIDIZED	\$8,500	09/04/2002	\$8,500	\$0	\$0	\$0
9	DIRECT STAFFORD UNSUBSIDIZED	\$7,555	09/04/2002	\$6,840	\$715	\$0	\$0
10	DIRECT STAFFORD SUBSIDIZED	\$8,500	09/05/2001	\$8,500	\$0	\$0	\$0
11	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/05/2001	\$10,000	\$0	\$0	\$0
12	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/01/2000	\$10,000	\$0	\$0	\$0
13	DIRECT STAFFORD SUBSIDIZED	\$8,500	09/01/2000	\$8,500	\$0	\$0	\$0
14	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/01/1999	\$10,000	\$0	\$0	\$0
15	DIRECT STAFFORD SUBSIDIZED	\$8,500	09/01/1999	\$8,500	\$0	\$0	\$0
Total FFEL CONSOLIDATED						\$126,170	\$10
Total DIRECT STAFFORD UNSUBSIDIZED						\$0	\$0
Total DIRECT STAFFORD SUBSIDIZED						\$0	\$0
Total All Loans						\$126,170	\$10

Information contained on these pages reflects the most current data in the NSLDS database. The data contained on this site is for general information purposes and should not be used to determine eligibility, loan payoffs, overpayment status, or tax reporting. Please consult the Financial Aid Officer at your school or the specific holder of your debts for further information.

## EXAMPLE OF NSLDS FOR STUDENTS REPORT

# LOAN CONSOLIDATION DISCLOSURE STATEMENT AND REPAYMENT SCHEDULE

Account Number:

This statement provides the terms and conditions for repayment of the consolidation loan between you and the consolidating lender listed. The repayment schedule established is based upon information in our records and the terms of the Consolidation Promissory Note you signed. You should check this information thoroughly and notify SallieMae Servicing immediately of any discrepancies with your records. The guarantor of your consolidation loan is FINANCE AUTHORITY OF MAINE and your consolidating lender is SLM EDUCATION LOAN CORP.

REPAYMENT SCHEDULE				
DATE	INTEREST RATE	AMOUNT FINANCED	FINANCE CHARGES	TOTAL OF PAYMENTS
Date Interest Begins to Accrue:	Annual Interest Rate of Your Loan(s):	Unpaid Principal (Including Capitalized Interest of Your Loan(s))	Dollar Amount the Credit Will Cost You*	Principal and Interest You Will Have Paid After All Payments Are Made as Scheduled.
07/20/2005	2.875%	\$26,656.32	\$8,504.69	\$35,161.01

\* Indicates an estimate of the total finance charge—the actual finance charge will depend upon the timely payment of amounts owed and the use of deferral and/or forbearance provisions of the Federal Loan Consolidation Program.

Repayment of the loan will be in monthly installments, on the same day of each month, according to the following schedule:

239	\$146.51	09/16/2005
1	\$145.12	08/16/2025

## ITEMIZATION OF LOANS CONSOLIDATED

Name of Former Creditor/Service	Funds Paid	Loan Subsidy
SLM EDUCATION CREDIT MGMT CORP	\$4,709.23	UNSUBSIDIZED
SLM EDUCATION CREDIT MGMT CORP	\$5,151.98	UNSUBSIDIZED
SLM EDUCATION CREDIT MGMT CORP	\$7,639.34	UNSUBSIDIZED
SLM EDUCATION CREDIT MGMT CORP	\$9,175.77	UNSUBSIDIZED
TOTAL AMOUNT	\$26,656.32	

EXAMPLE OF DISCLOSURE STATEMENT

## Disbursement Information

Special Offers

Lower your monthly payment—consolidate!

Pay online; enroll now, it's free!

The listing below reflects all of your loans and the individual disbursements for each loan. The "Disburse Date" represents the date on which the funds were sent to the school or a future date on which we anticipate sending the funds.

[Print Page](#)

Loan Number	Take Action	Loan Type	Status	Disbursement Date	Amount (Before Fees) <a href="#">View Fee Details</a>
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	01/05/2006	\$3,681.49
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	09/12/2005	\$3,681.51
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	01/05/2006	\$5,568.49
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	09/30/2005	\$5,568.51
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	01/05/2007	\$4,250.00
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	10/19/2006	\$4,250.00
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	01/05/2007	\$5,000.00
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	10/19/2006	\$5,000.00
		FEDERAL PLUS	Disbursed	01/05/2007	\$5,436.50
		FEDERAL PLUS	Disbursement Refund	11/02/2006	\$5,436.50

The Student Loan Corporation

[Privacy](#)

[Terms, conditions, caveats and small print](#)

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EXAMPLE OF DISBURSEMENT STATEMENT

## Statements

Special Offers

Lower your monthly payment—consolidate!

Pay online: enroll now, it's free!

Print Page

Statement Date: Select Statement Date

Page 1

Statement Information for March 2008					Account Number:		
					Payment Due Date:		
Loan Type	Loan Number	Interest Rate <sup>1</sup>	Principal Balance	Payoff Balance <sup>2</sup>	Payment Received (Principal + Interest + Late Fees <sup>3</sup> )		Amount Due
Federal Subsidized Stafford		7.220%	\$7,297.48	\$7,333.47	\$35.83	\$50.63	\$86.46
Federal Unsubsidized Stafford		7.220%	\$12,386.55	\$12,447.64	\$60.82	\$85.94	\$146.76
Federal Subsidized Stafford		6.800%	\$8,420.84	\$8,459.96	\$42.93	\$55.03	\$97.96
Federal Unsubsidized Stafford		6.800%	\$10,587.91	\$10,637.08	\$53.97	\$69.20	\$123.17
Federal PLUS		8.500%	\$10,875.22	\$11,320.31			\$422.46
<b>Totals</b>			<b>\$49,568.00</b>	<b>\$50,198.46</b>	<b>\$193.55</b>	<b>\$260.80</b>	<b>\$0.00</b>
Total Payment Received:					<b>\$454.35</b>		
Minimum Payment Due <sup>2</sup> :					<b>\$876.81</b>		
Payment Due Date:					<b>03/09/2008</b>		

<sup>1</sup> Variable alternative loan interest rates change quarterly (01/01, 04/01, 07/01, 10/01), and variable FFELP loan interest rates change annually (07/01). Please check current loan interest rates for up-to-date rate information.

<sup>2</sup> If paid on due date.

<sup>3</sup> A late fee may be added if your payment is not received within 15 days of your due date.

**Reminder:** You should plan to make your online payment at least two (2) business days before the due date. This helps ensure the payment is posted by your due date and helps build a positive credit history.

For Customer Service: Call 1-800-967-2400, Monday through Friday, from 8:00 a.m. to 11:00 p.m., Eastern Time.

## EXAMPLE OF ACCOUNT STATEMENT

<b>Federal Family Education Loan Program (FFELP)</b> <b>Federal Consolidation Loan</b> <b>Application and Promissory Note</b>		Guarantor, Program, or Lender Identification	OMB No. 1845-0036 Form approved Exp. date 01/31/2010
<b>WARNING:</b> Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.			
<b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW LOAN ACCOUNT:</b> To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a loan account. What this means for you: Your name, address, date of birth, and other information collected in this form will be used to verify your identity. You may also be asked to provide your driver's license or other identifying documents.			
<b>Before You Begin</b> Read the Instructions for Completing the Federal Consolidation Loan Application and Promissory Note. Print using dark ink ballpoint pen or type. This form must be signed and dated by the applicant. <b>**PAGES 1, 2, AND 3 OF THIS FORM MUST BE SUBMITTED FOR YOUR APPLICATION TO BE PROCESSED.**</b>			
<b>Section A. Borrower Information</b>			
1. Last Name		2. Social Security Number	
3A. Permanent Address (Include Number, Street, Apartment Number, or Rural Route Number and Box Number, as applicable) City, State, Zip Code			
3B. Permanent Mailing Address, if different from 3A, (Include P.O. Box or General Delivery, as applicable) City, State, Zip Code			
4. Area Code/Telephone Number ( )		5. Former Name(s)	
6. Date of Birth (mm-dd-yyyy)		7. Driver's License State and Number State #	
8. E-mail Address			
9. Employer Name			
Address			
State Zip Code Work Area Code/Telephone Number ( )			
10. Consolidating Lender Name		11. Lender Code, if known	
<b>Section B. Reference Information</b> You must provide two separate references with different addresses who have known you for at least three years. Both references must be individuals who live with you (e.g., your spouse) or who live outside the United States.			
12. Name A. B.			
Permanent Address			
City, State, Zip Code			
E-mail Address (optional)			
Area Code/Telephone Number ( )			
Relationship to Borrower			
<b>Section C. Promissory Note (To be completed and signed by the borrower.)</b> (In this Promissory Note, "lender" refers to, and this Promissory Note benefits, the original consolidating lender and its successors and assigns, including any subsequent holder of this Promissory Note.)			
<b>13. Promise to Pay:</b> I promise to pay to the order of the lender all sums disbursed (hereafter "loan") under the terms of this Promissory Note (hereafter "Note") to pay off my prior loan obligations, plus interest and other charges and fees that may become due as provided in this Note. Unless I make interest payments, interest that accrues on my loan during forbearance periods and on the unsubsidized portion of my loan during deferment periods may be added, as provided under the Act, to the principal balance of my loan. If I do not make any payment on this Note when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this Note before reading the entire Note, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this Note and the Borrower's Rights and Responsibilities Statement. My signature certifies I have read, understand, and agree to the terms and conditions of this Note, including the Borrower Certification and Authorizations and the Borrower's Rights and Responsibilities Statement.			
I UNDERSTAND THAT THIS IS A LOAN THAT I MUST REPAY.			
14. Borrower's Signature		Today's Date (mm-dd-yyyy)	

Submit pages 1, 2, and 3  
Page 1 of 3

**EXAMPLE OF CONSOLIDATION PROMISSORY NOTE**

**X.**

**Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form**

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction or a contract under a public transaction;
  - violation of Federal or State antitrust statutes; or
  - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

**The applicant must sign the certification below which is applicable to his or her situation.**

I, \_\_\_\_\_, certify that **none** of the above statements apply to me.  
(Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

I, \_\_\_\_\_, certify that **one or more** of the above statements apply to me.  
(Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF APPLICABLE  
FORMS**

**PLEASE SUBMIT THE COMPLETED FORMS TO:**

**NHSC LRP C/O FOCAL POINT CONSULTING GROUP  
1025 VERMONT AVENUE, NW, SUITE 1000  
WASHINGTON, D.C. 20005**

**Bureau of Clinician Recruitment and Service**

**PRIVACY ACT RELEASE AUTHORIZATION FORM**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, am an applicant to the National Health Service Corps (NHSC) Loan Repayment Program (42 U.S.C. 254I-1). I hereby authorize the Department of Health and Human Services, and/or its contractors, to disclose any information contained in its files relating to my application to participate in the NHSC Loan Repayment Program **to**:

\_\_\_\_\_  
**(Individual)**

\_\_\_\_\_  
**(Relationship / Name of the Firm)**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
**(City, State, Zip Code)**

This authority shall remain in effect until **September 30, 2010**, or this authorization is revoked by me in writing.

I certify that I am the above-named applicant. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000.00 fine (5 U.S.C. 552a(i)(3)).

\_\_\_\_\_  
**(Signature of Applicant)**

\_\_\_\_\_  
**(Date)**

I certify that I am the above-named Individual, to whom the applicant has authorized disclosure. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000 fine (5 U.S.C. 552a(i)(3)).

\_\_\_\_\_  
**(Signature of Individual)**

\_\_\_\_\_  
**(Date)**

# **NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM**

## **CHANGE OF ADDRESS FORM**

**Complete & Mail to:**  
DAA, NHSC LRP  
5600 Fishers Lane, Room 8-37  
Rockville, MD 20857

**NAME:** \_\_\_\_\_

**New Address:**

**1<sup>st</sup> line Street** \_\_\_\_\_

**2<sup>nd</sup> line Street** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Old Address:**

**1<sup>st</sup> line Street** \_\_\_\_\_

**2<sup>nd</sup> line Street** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

---

***(Signature of Applicant)***

***(Date)***